2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90426 021 ***150.00

DOCUMENT # P04000101001

1. Entity Name
JUDITH B. FRIEDLAND, P.A.

Principal Place of Business	Mailing Address
340 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750	340 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750

03132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
160 International Parkway		160 International PKwy	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Heathrow, Fla.		City & State: Heathrow, Fla.	
Zip: 32746	Country: U.S.A	Zip: 32746	Country: U.S.A.

4. FEI Number: 35-2235541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, JUDITH B ESQUIRE
340 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 160 International Parkway, Suite 100

City: Heathrow FL Zip Code: 32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Judith B. Friedland Judith B. Friedland 4/29/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRIEDLAND, JUDITH B 340 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	160 International Parkway, Suite 100 Heathrow, Fla. 32746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith B. Friedland Judith B. Friedland 4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407 444-4930